



ST CHARLES PARISH
Department of Planning and Zoning
P.O. Box 302/14996 River Road • Hahnville, Louisiana 70057
(985) 783-5060 • (985) 783-5000 • Fax (985) 783-6447

**APPLICATION FOR
RENOVATION/ALTERATION PERMIT**

REV 11 2012

PERMIT # _____	DATE REQUESTED _____
RECIEPT # _____	COUNCIL DISTRICT _____ ZONING DISTRICT _____
FLOOD ZONE _____	BFE _____ ABFE _____ WIND ZONE _____
(OFFICE SECTION)	

CONSTRUCTION ADDRESS: _____

APPLICANT: _____ PHONE #: _____

MAILING ADDRESS: _____ E-MAIL _____

PROPERTY OWNER(S): _____ PHONE #: _____

SUBDIVISION : _____ LOT #: _____ SQUARE/BLOCK #: _____

MAILING ADDRESS: _____ E-MAIL _____

CONTRACTOR: _____ LIC. # _____ PHONE # _____

MAILING ADDRESS: _____ E-MAIL _____

ELEC. SUB-CON: _____ LIC. # _____ PLUMBING SUB-CON: _____ LIC. # _____

HVAC SUB-CON: _____ LIC. # _____ (license req. for projects exceeding \$10,000. This includes material & labor)

TYPE OF WORK: *CHECK ONE*

_____ COMMERCIAL RENOVATION (fee includes required trade permits)

_____ RESIDENTIAL RENOVATION (trade permits require additional fee)

VALUE OF JOB: _____

DETAILED DESCRIPTION OF ALL WORK TO BE PERFORMED: _____

CHECKLIST FOR OBTAINING PERMIT:

- _____ 1. ACT OF SALE TO PROPERTY
- _____ 2. DETAILED DESCRIPTION OF WORK TO BE PERFORMED WITH DRAWINGS WHICH INCLUDE DIMENSIONS, DOOR AND WINDOW SIZE/PLACEMENT, ELECTRICAL, PLUMBING, MECHANICAL, FOUNDATION WORK, ROOF MATERIAL, INSULATION ECT.
- _____ 3. ONE SET OF CONSTRUCTION DRAWINGS INDICATING ANY STRUCTURAL ALTERATIONS.
- _____ 4. STATE FIRE MARSHALL APPROVAL FOR **LIFE SAFETY** (COMMERCIAL/INDUSTRIAL RENOVATIONS) IF APPLICABLE (504) 568-8506.
- _____ 5. PLAN REVIEW FOR COMPLIANCE WITH BUILDING CODES
- _____ 6. HEALTH APPROVAL, IF APPLICABLE (985) 785-1029
- _____ 7. SITE PLAN APPROVAL, IF REQUIRED.
- _____ 8. PERMIT, PLAN REVIEW AND INSPECTION FEE PAID IN FULL. CHECK/MONEY ORDERS ONLY

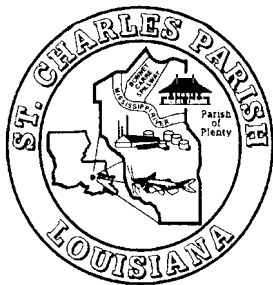
PERMIT TYPE	PERMIT FEE	PLAN REVIEW AND INSPECTION FEE
Residential Renovation < \$2,500	\$25	\$20 (1)
Residential Renovation < \$10,000	\$25	\$80 (2)
Residential Renovation > \$10,000	\$25	\$160 (2)
Commercial Renovation	\$0.60 / \$1,000 value* - \$200 minimum	\$2.40 / \$1,000 Value* - \$200 minimum (25)
Institutional Renovation	\$0.60 / \$1,000 value* - \$200 minimum	\$2.40 / \$1,000 Value* - \$200 minimum (25)

- In order to determine the permit fee a valid Construction Contract with the project valuation must be submitted with all new Commercial Building, Commercial Storage, Commercial Renovation, New Institutional and Institutional Renovation permit applications. When (i) no contract is available or (ii) the result is a lower total fee, the Building Official may use \$0.12 per square foot for permit fee and \$0.48 per square foot for plan review and inspection fees for these types of permits. The minimum permit fee and minimum plan review and inspection fee, as expressed in (a) above, shall apply.
- Glazing (windows) must comply with the applicable wind zone which includes;
 - The Design Pressure Rating of the windows (sticker on window)
 - Within Wind-Borne Debris Regions (120 mph or greater) glazing in doors and windows shall be large missile impact resistance or protected with an impact resistance covering meeting the requirements of a approved impact resistance or ASTM E1996 and ASTM E 1886. Exceptions; wood structural panels with a single plywood panel with a minimum thickness of 7/16 inch and maximum panel span of 8’. Panels shall be pre-drilled with attachment hardware in accordance with IBC Table 1609.1.2.

Roofing materials must meet Roof Classification for the applicable wind zone.

I/WE HEREBY AGREE THAT ALL WORK PERFORMED WILL BE IN COMPLIANCE WITH THE PRESCRIBED ADOPTED CODES OF THE LOUISIANA STATE UNIFORM CONSTRUCTION CODE AND UNDERSTAND INSPECTIONS ARE REQUIRED AT VARIOUS STAGES OF THE PROJECT. INSPECTION SCHEDULING AND ANY QUESTIONS RELATED TO BUILDING CODE SHALL BE TO SOUTH CENTRAL PLANNING COMMISSION AT 1-985-655-1070.

OWNER SIGNATURE: _____ DATE: _____
APPLICANT SIGNATURE: _____ DATE: _____
PERMIT SECTION SIGNATURE: _____ DATE: _____
FEE AMOUNT PAID (LIST) _____ DATE: _____



ST.CHARLES PARISH

Department of Planning and Zoning
P.O. Box 302/14996 River Road • Hahnville, Louisiana 70057
(985) 783-5060 • (985) 783-5000 • Fax (985) 783-6447

V.J. ST. PIERRE JR.
Parish President

KIM MAROUSEK
Planning Director
Director
St. Charles Parish
Department of Planning and Zoning
P.O. Box 302
Hahnville, LA 70057

Dear Sir:

This is to certify that I will be responsible for hauling away the construction debris
at _____, the property of
_____.

I will haul the trash away _____. The trash will be disposed of at
_____.

I agree that I am solely and wholly responsible for compliance with St. Charles Parish Code of Ordinances, Chapter 6, Section 6-14, (i); during the construction period at this address as permitted by your department.

Sincerely,

X_____
(Applicant Signature)